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pour la médecine et les matériaux

Une Source de Lumière Compacte



Biominéralisation

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Pathologies microcristallines - Les dépôts anormaux dans le corps humain

La belle et la bête

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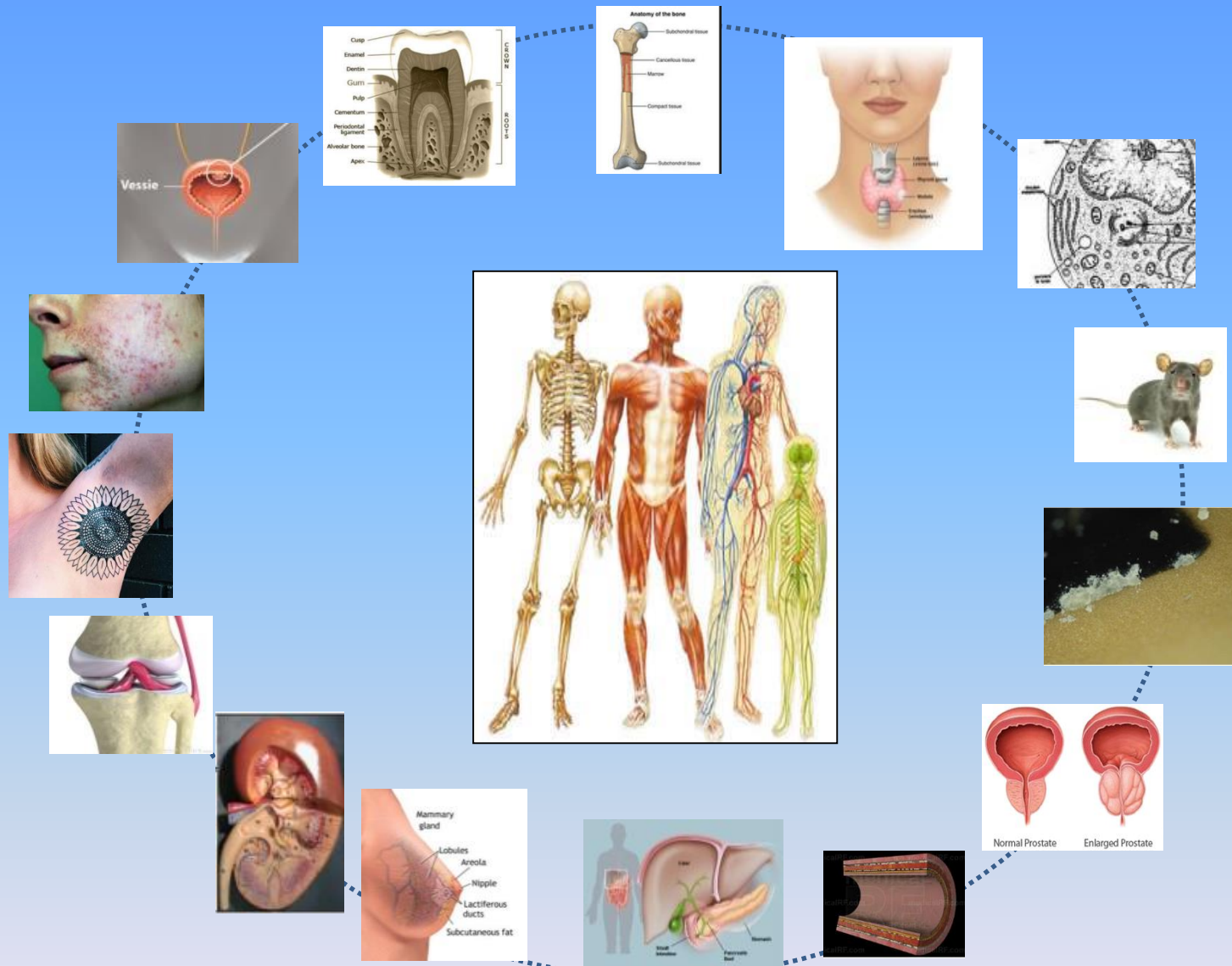
^aLCP, Université Paris XI.

^bInserm, UMRS 1155, UPMC, Hôpital Tenon.

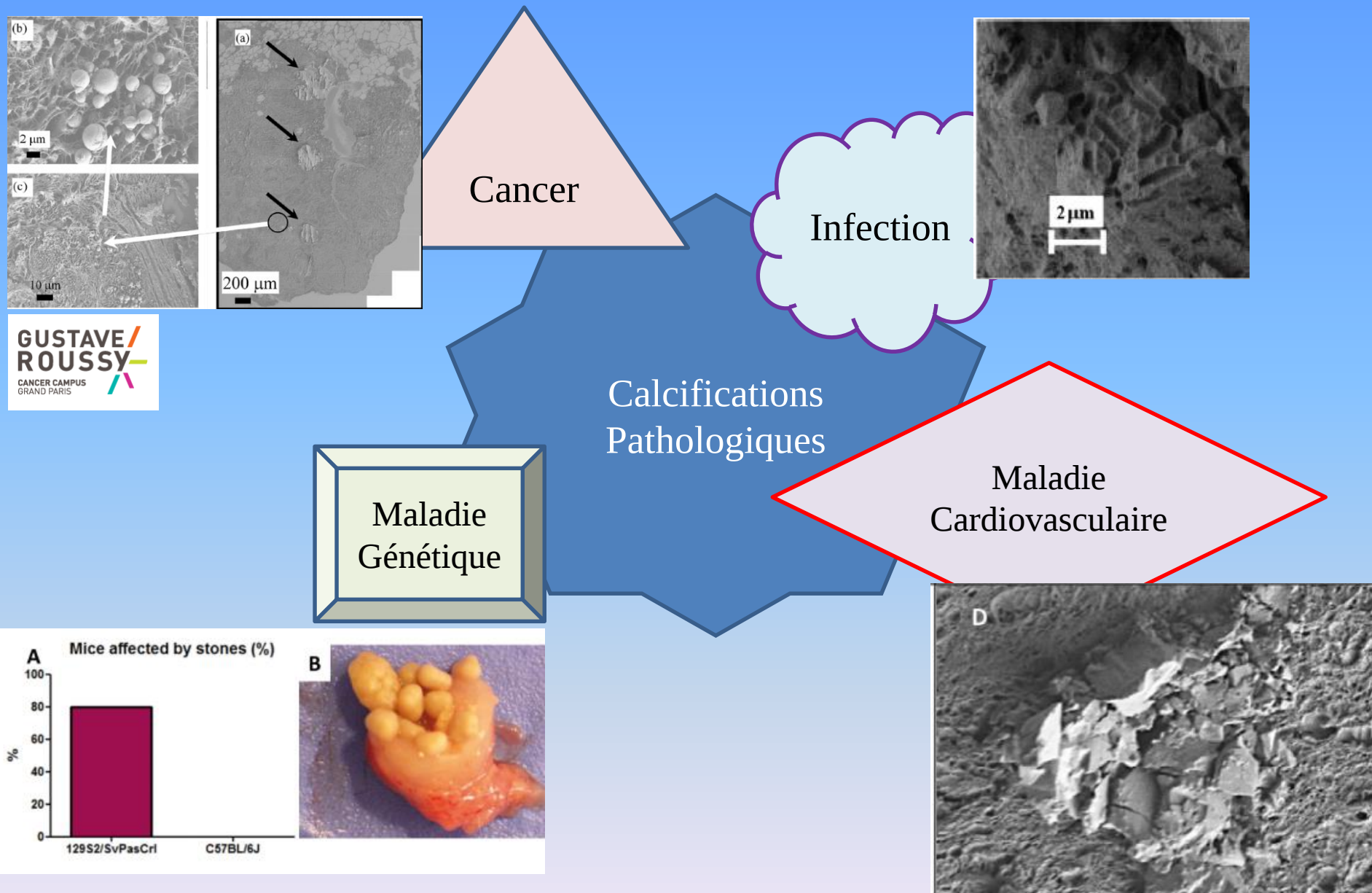
^cService des explorations fonctionnelles, Hôpital Tenon.



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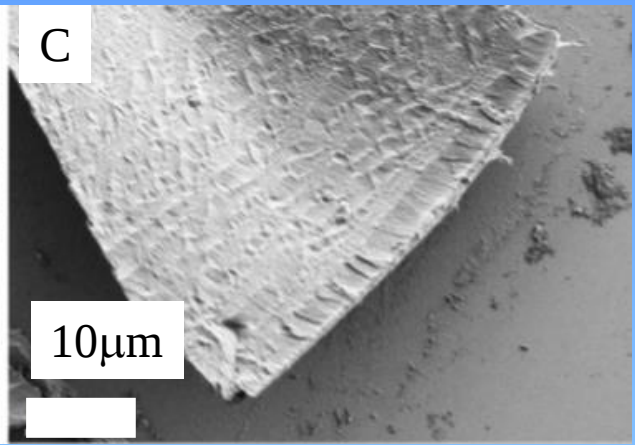
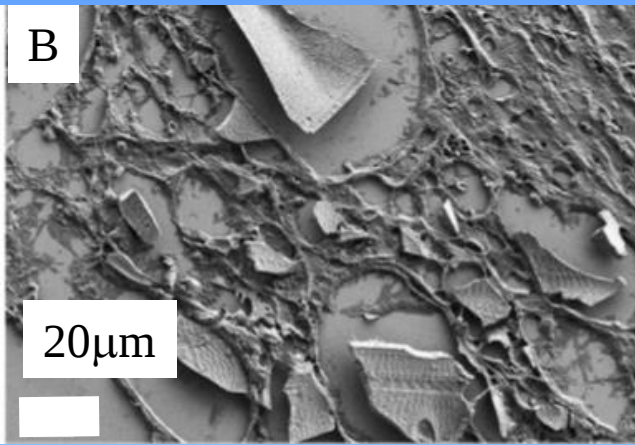
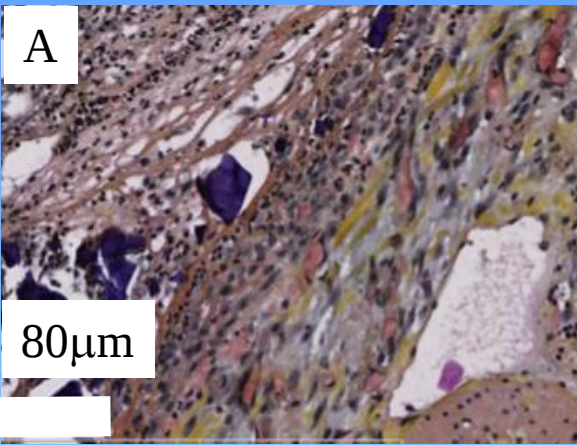


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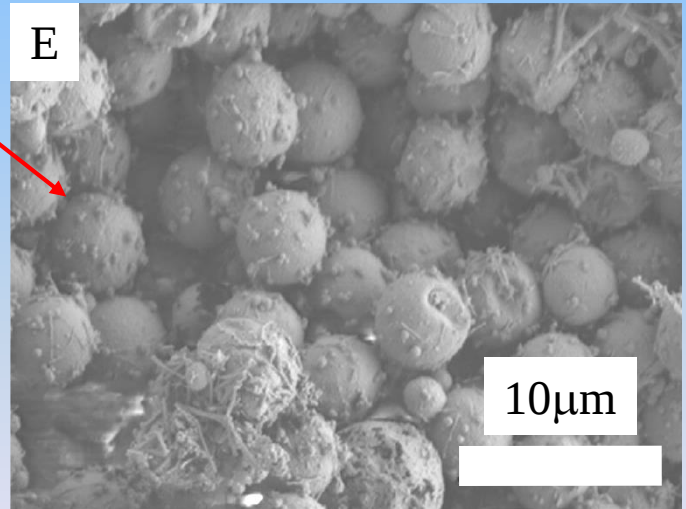
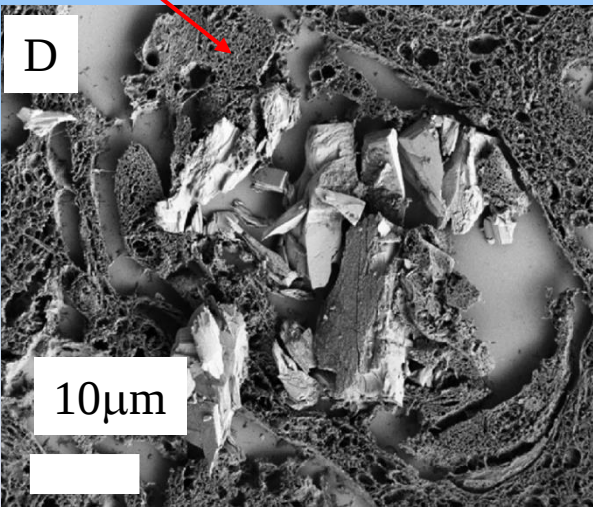


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CP d'origine exogène – engendrant la pathologie (A,B,C) cristaux de sulfonate de polystyrène sodique (D) cristallites de foscarnet, (E) sphères de silice présentes dans un calcul rénal du Burkina-Faso.



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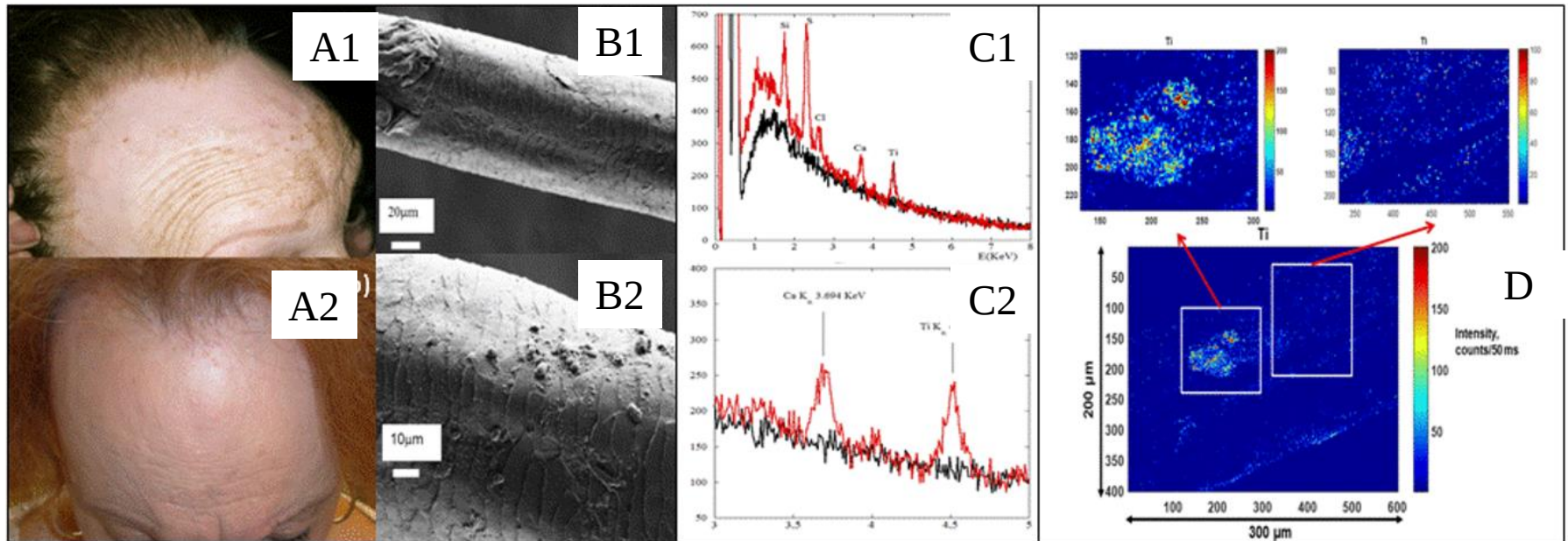
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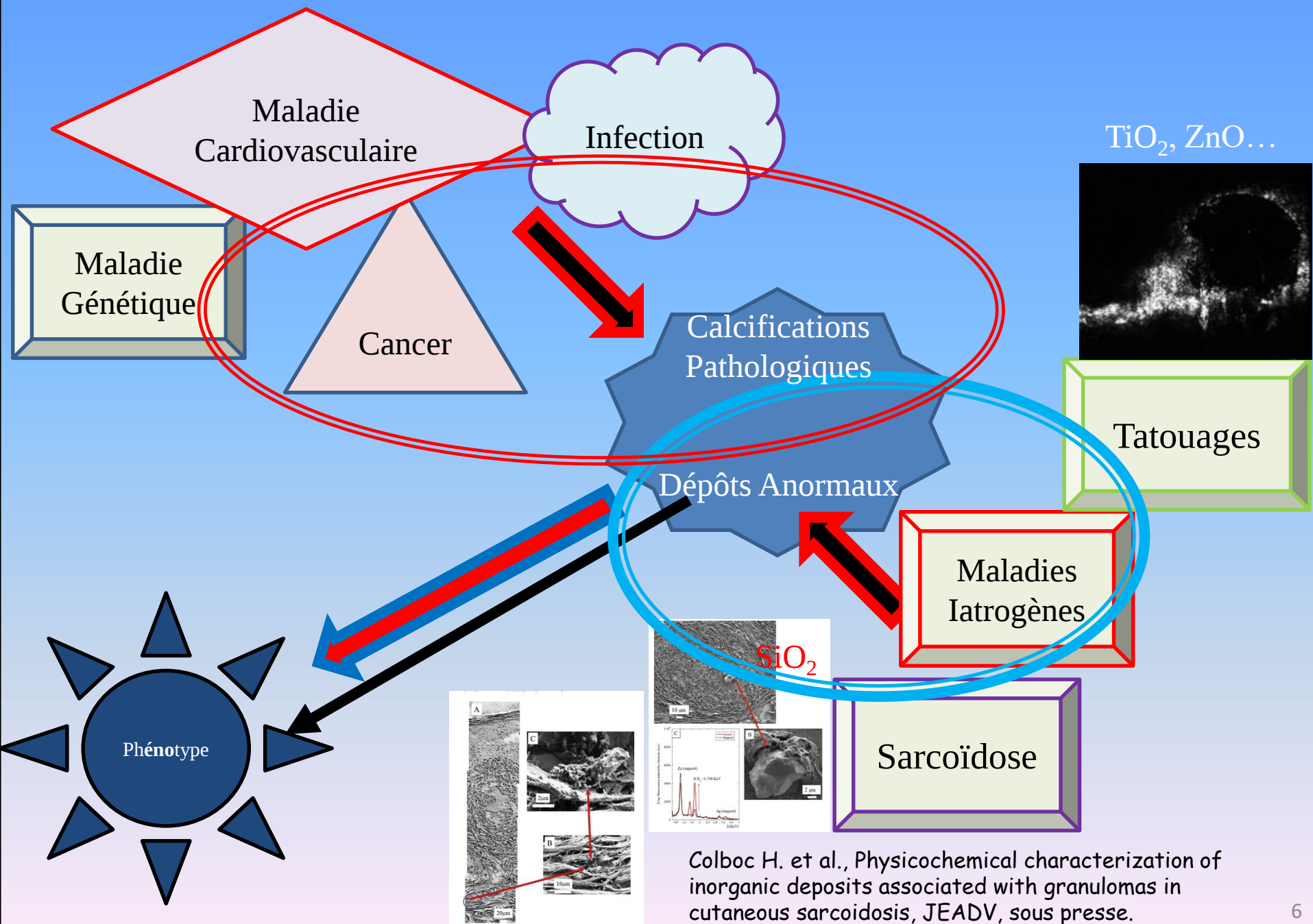
Detection of titanium nanoparticles in the hair shafts of a patient with frontal fibrosing alopecia

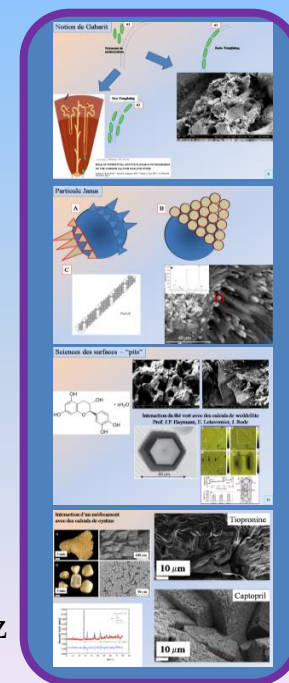
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EPIDEMIOLOGY

Combining μ X-ray fluorescence, μ XANES and μ XRD to shed light on Zn^{2+} cations in cartilage and meniscus calcifications

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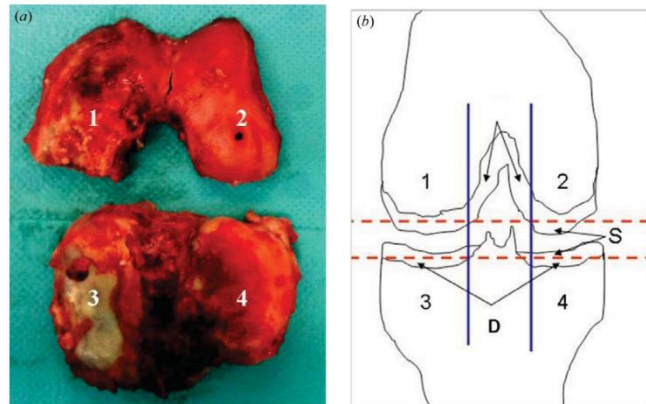


Figure 1
Knee joint specimen obtained during arthroplasty and schematic representation of the sample collection protocol. The specimen included femoral condyle and tibial plateau cartilage from both the medial and the lateral compartments (a). Cartilage areas were labelled as follows: 1, medial condyle; 2, lateral condyle; 3, medial tibial plateau; 4, lateral tibial plateau; S, superficial layer; D, deep layer (b).

J. Synchrotron Rad. (2011), 18, 475–480

Christelle Nguyen et al. • Calcium

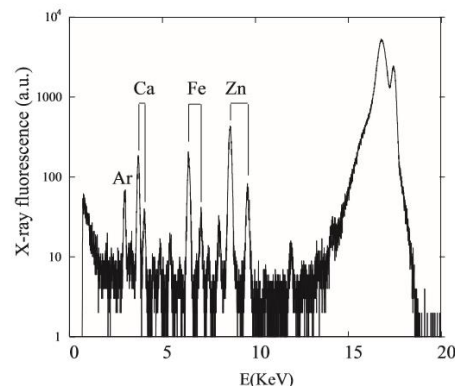


Fig. 1. Representative X-ray fluorescence (XRF) spectra: contributions of Ar (K_{α} = 2958 eV), Ca (K_{α} = 3691 eV, K_{β} = 4012 eV), Fe (K_{α} = 6404 eV, K_{β} = 7058 eV) and Zn (K_{α} = 8638 eV, K_{β} = 9572 eV).

Finally, all samples were characterized by use of FTIR spectrometry (Vector 22; Bruker Spectrospin, Wissembourg, France) as described [30]. Data were collected in the absorption mode between 4000 and 400 cm^{-1} , with resolution 4 cm^{-1} . We used

previous assignments of absorption bands [30]. Regarding carbonated apatite [$\text{Ca}_{10}(\text{PO}_4)_6(\text{OH})_x(\text{CO}_3)_y$], the ν_1 and ν_3 P–O stretching vibration modes were measured at 960–962 cm^{-1} and 1035–1045 cm^{-1} respectively, and the O–P–O ν_4 bending mode corresponded to the doublet at 602–563 cm^{-1} . Regarding m-CPPD, O–P–O bending was recorded at 535 and 508 cm^{-1} . P–O symmetric stretching vibrations generated absorption at 923 and 991 cm^{-1} , and asymmetric stretching vibrations generated absorption at 1037 and 1089 cm^{-1} .

Results

Representative μ XRF spectra are in Fig. 1. The contributions of Ca, Fe and Zn (contribution of Ar is due to the experiments being performed in air) are clearly observed. From this μ X-ray fluorescence spectrum, the spatial distribution of Ca and Zn were built for the samples HC69 (Fig. 2A), HC72 (Fig. 2B), MEM1 (Fig. 3A) and MEM2 (Fig. 3B). At the mesoscopic scale, the spatial distribution of Ca and Zn is heterogeneous, which indicates the presence of μ calcifications. Moreover, the Zn-rich parts of the samples were not always on the calcification. Note that the average Zn content is 48.1 ± 4.2 ppm.

Various XANES spectra were acquired at the Zn K-absorption edge corresponding to the different positions indicated on the Zn maps to determine the Zn atom environment of the samples HC69 and HC72 (Fig. 4) and MEM1 and MEM2 (Fig. 5). The spectra for samples HC69 and HC72 (Fig. 4) are all similar and different from those for the 2 reference compounds, namely smithsonite and zincite

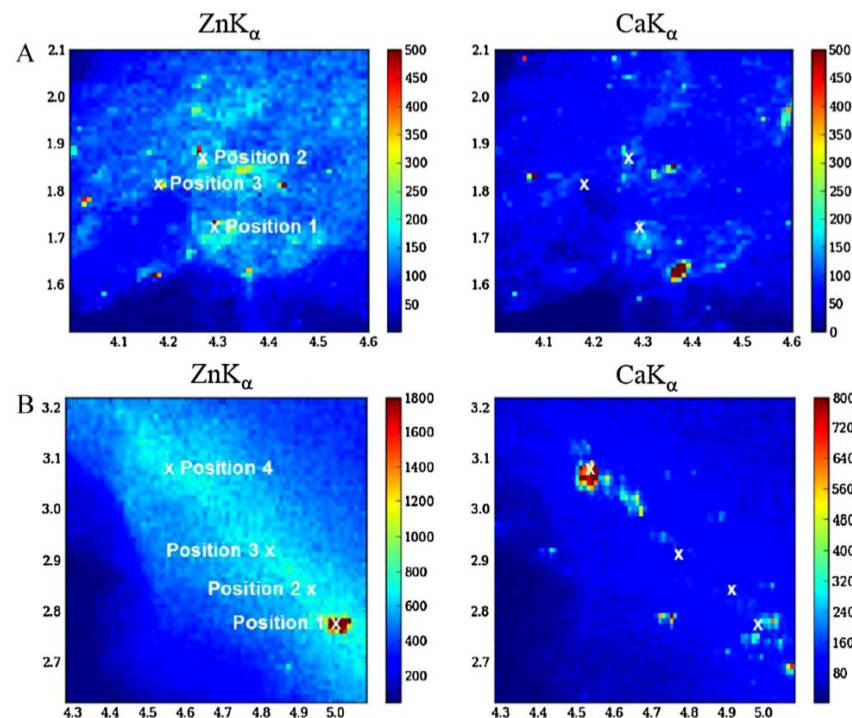
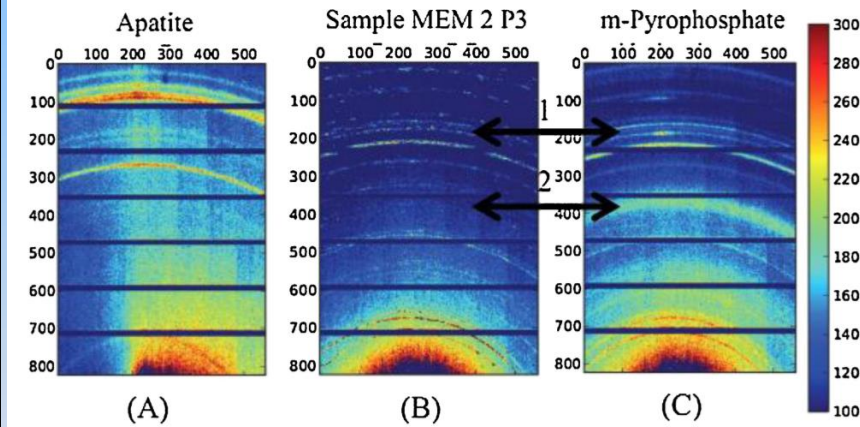


Fig. 2. Microanalysis XRF maps of Zn and Ca in human cartilage (HC) samples HC69 (A) and HC72 (B). Position 1 is a hot-point, probably a pollutant, and would be eliminated.



roanalysis X-ray diffraction (μXRD) diagrams for the reference compounds (apatite and monoclinic-pyrophosphate) and the sample MEM2 by the XPAD d

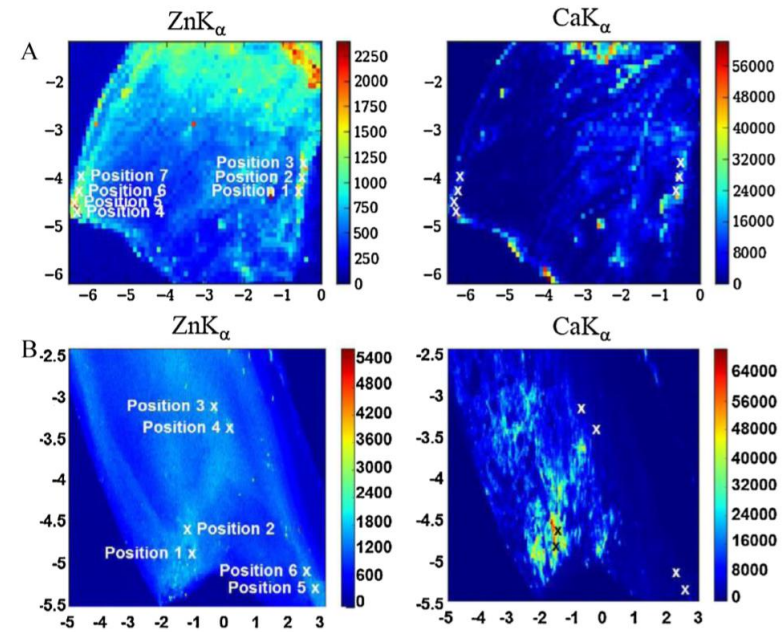


Fig. 3. μXRF maps of Zn and Ca in medial meniscus (MEM) samples MEM1 (A) and MEM 2 (B).

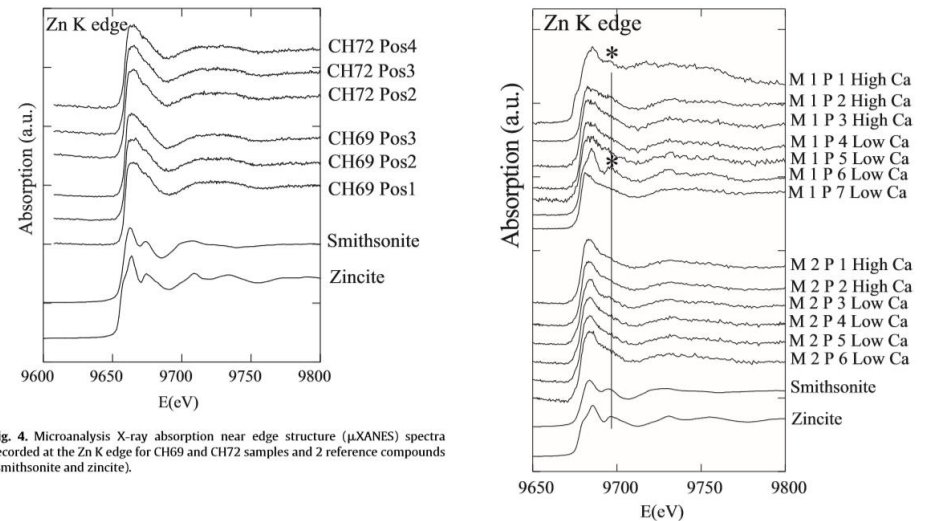
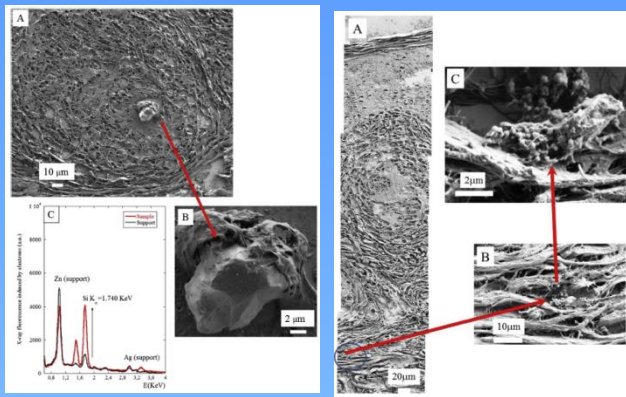
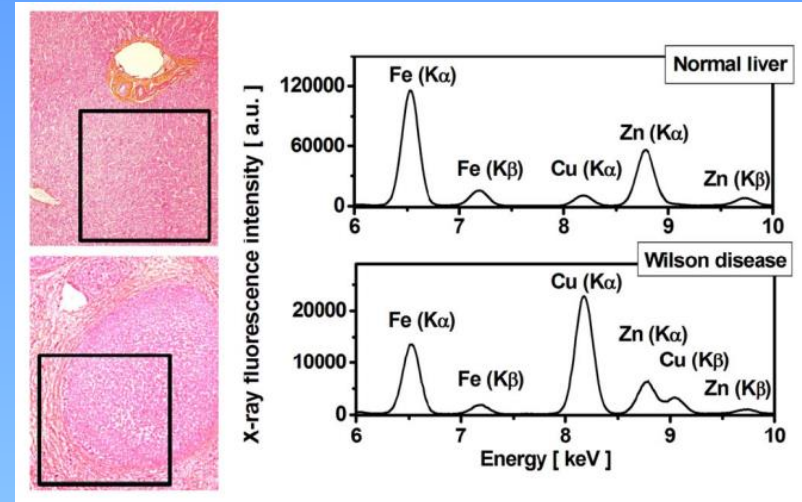


Fig. 4. Microanalysis X-ray absorption near edge structure (μXANES) spectra recorded at the Zn K edge for CH69 and CH72 samples and 2 reference compounds (smithsonite and zincite).

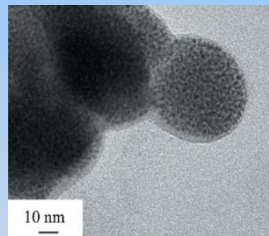
Fig. 5. μXANES spectra recorded at the Zn K edge for meniscus samples (MEM1 and MEM2) and 2 reference compounds (smithsonite and zincite).



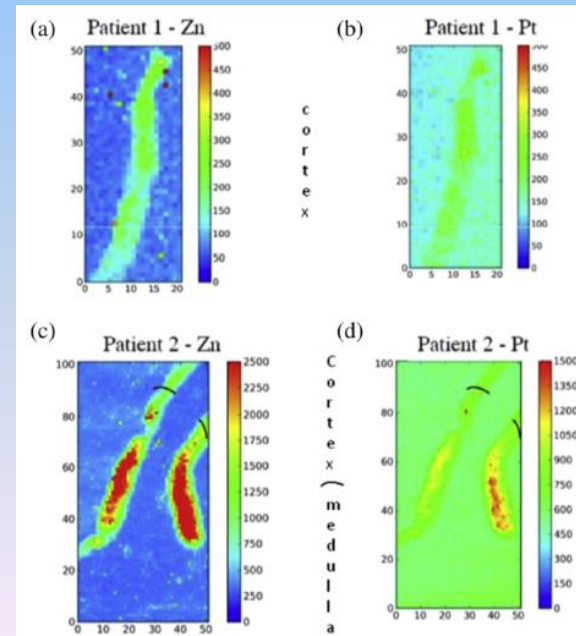
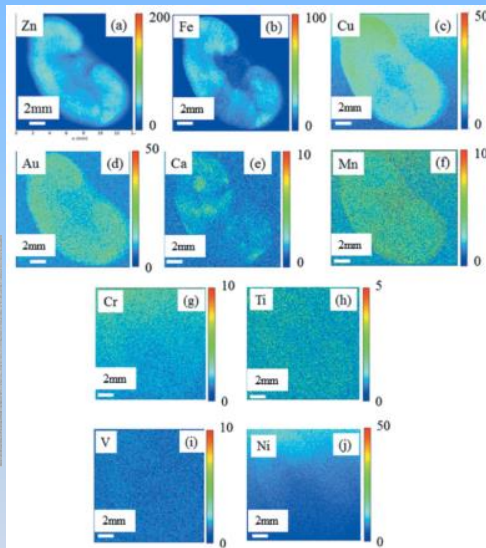
H. Colboc *et al.*,
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The Journal of Pathology: Clinical Research, 2016

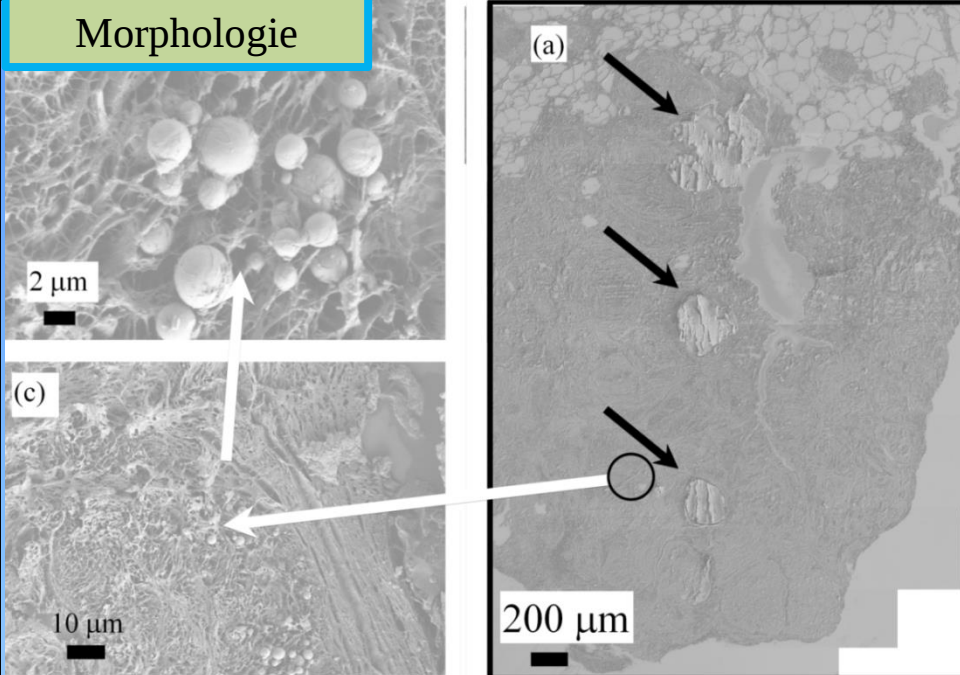


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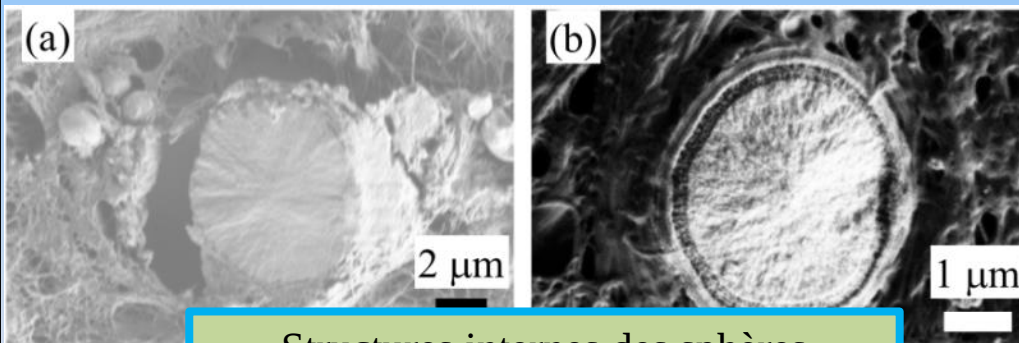
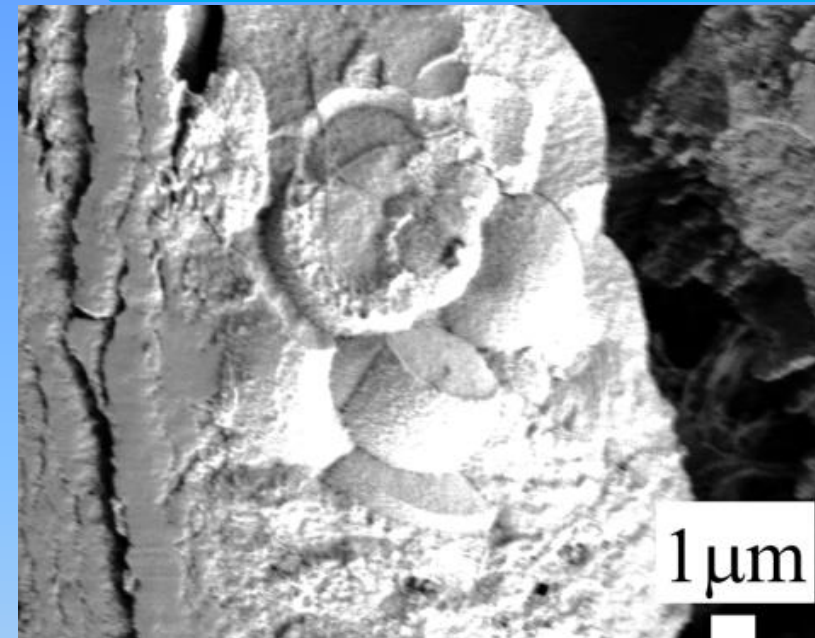


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C.R. Chimie 2016

Morphologie



Agglomération des sphères générant des macrocalcifications



Structures internes des sphères

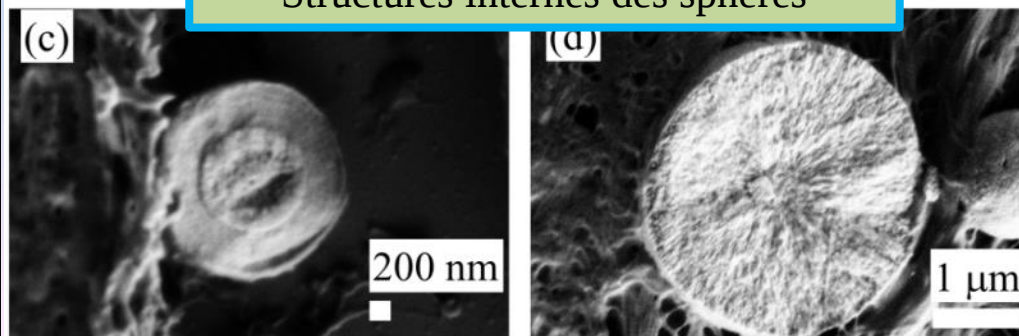
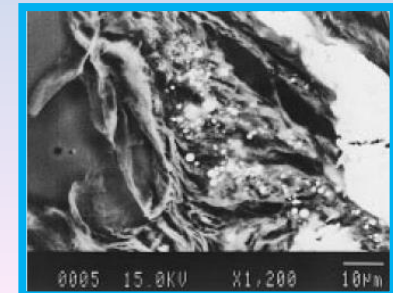


Table 1

Physiological and clinical data of the first set of samples.

Sample	Age (years)	Disease
Sample A – 13H2480	65	Normal breast (duct)
Sample B – 13H2606	60	Fibroadenoma
Sample C – 13H2282	61	Galactophoric cyst
Sample D – 13H2427	57	Adenosis
Sample E – 13H2281	62	Ductal carcinoma in situ (DCIS)



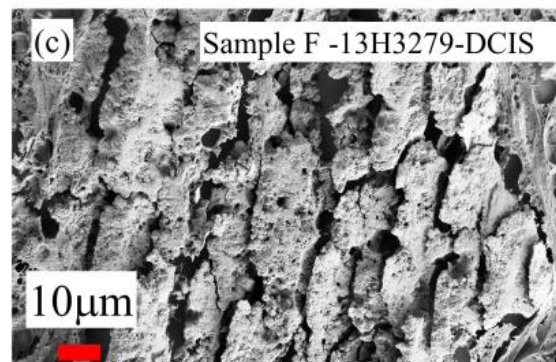
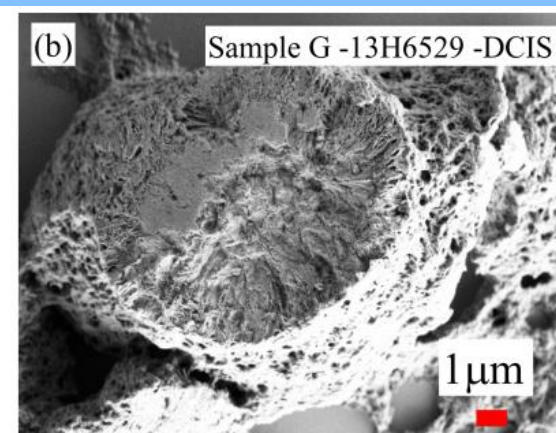
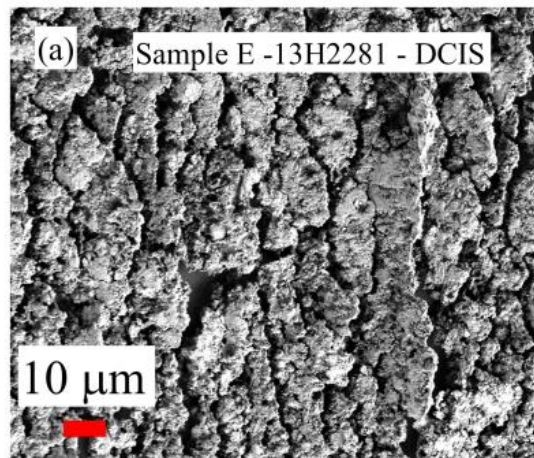
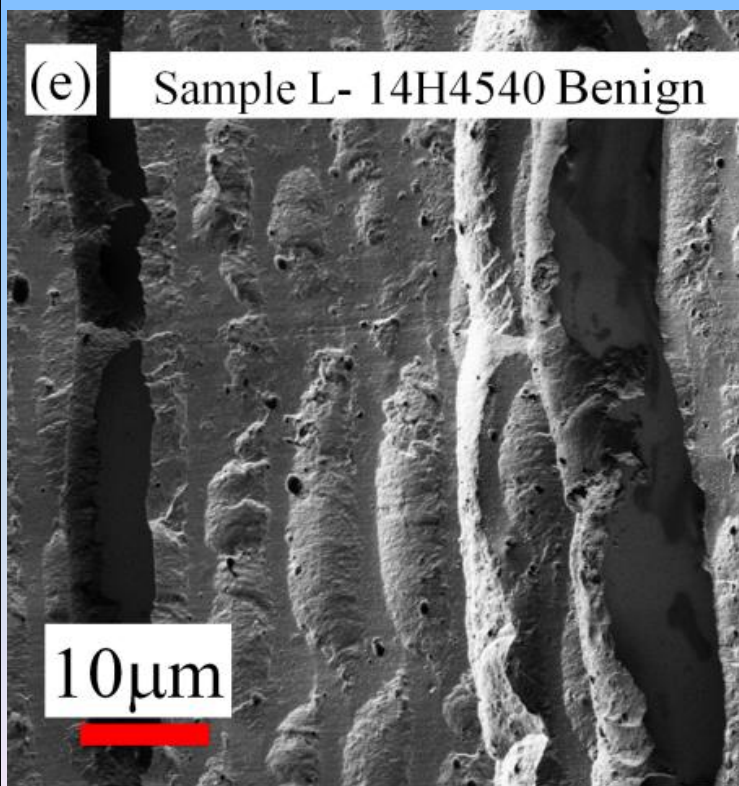


Morphologie tumeurs bénignes ou malignes (DCIS)????

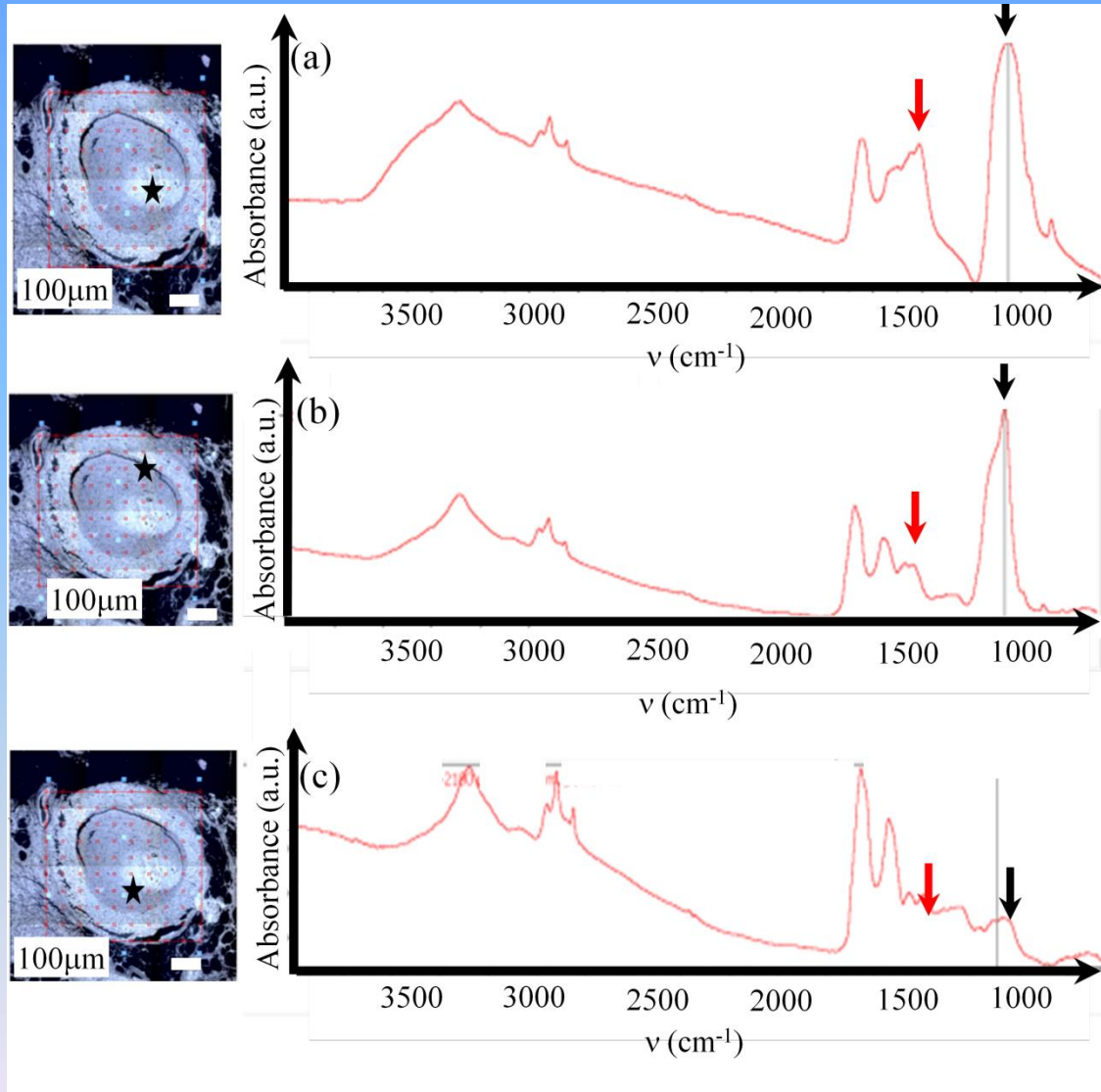
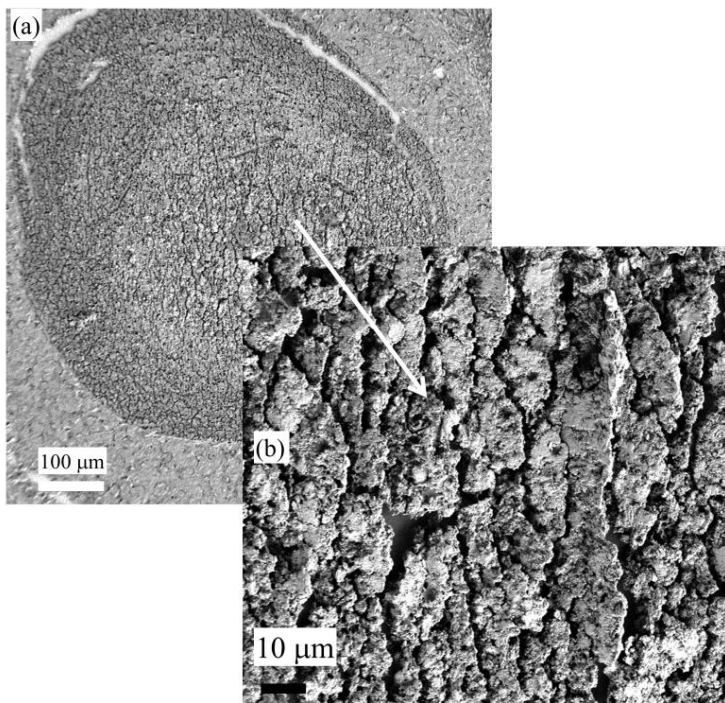
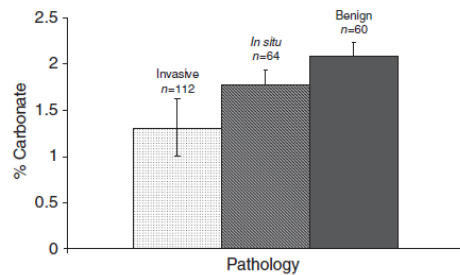
Table 2

Physiological and clinical data of the second set of samples.

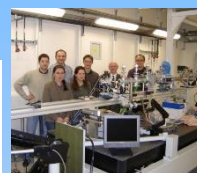
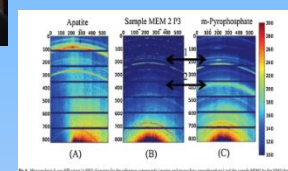
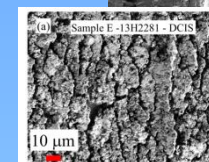
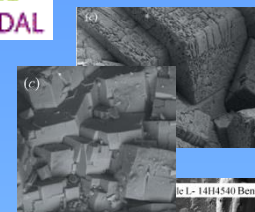
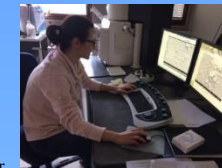
Sample	Age (years)	Disease
Sample F – 13H3279	60	DCIS
Sample G – 13H6529	55	DCIS
Sample H – 13H2851	66	DCIS
Sample I – 13H1096	70	DCIS
Sample J – 13H8746	66	DCIS
Sample K – 14H2554	37	Benign
Sample L – 14H4540	50	Benign
Sample M – 13H4111	63	Benign



Taux de Carbonate $\rightarrow$ Gradient de Carbonate



Nouvelle phase chimique identifiée : Phosphate de calcium apatitique amorphe



• le Pr R. Bayahia (CHU Ibn Sina, Rabat, Maroc), Pr I. Brocheriou (Hôpital Tenon, Paris), Dr X. Carpentier (Hopital Pasteur, Nice), Dr Ch. Chappard (Hôpital Lariboisière, Paris), Pr P. Conort (CHU Pitié Salpêtrière, Paris), Dr P. Dorfmueller (CHU Pitié Salpêtrière, Paris), Dr E.vEstève (Hôpital Necker, Paris), Pr D. Hannouche (Hôpital Lariboisière, Paris), Dr S. El Kabbaj (LRAM de la Gendarmerie Royale, Rabat, Maroc), Pr P. Jungers (Hôpital Necker, Paris), Pr B. Knebelmann (Hôpital Necker, Paris), Dr E.A. Korn (Hôpital Lariboisière, Paris), Dr E. Letavernier (Hôpital Tenon, Paris), Pr J.Ph. Haymann (Hôpital Tenon, Paris), Pr F. Lioté (Hôpital Lariboisière, Paris), Pr M. Mathonnet (Hôpital de Limoges), Dr F. Meiouet (LRAM de la Gendarmerie Royale, Rabat, Maroc), Pr P. Méria (Hôpital St Louis, Paris), Dr Ch. Nguyen (Hôpital Lariboisière, Paris), Pr P. Ronco (Hôpital Tenon, Paris) Dr I. Tostivint (CHU Pitié Salpêtrière, Paris), Pr O. Traxer (Hôpital Tenon, Paris) et Pr J.C. Williams (Department of Anatomy and Cell Biology, Indiana University School of Medicine, Indianapolis, Indiana, USA) pour une série de discussions très informatives.

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